

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LEAD PILOT PROGRAM
Monitor Final Inspection Report**

Agency: _____		Grant: _____		Report Period: _____		
		Grant Year: _____		Invoice # : _____		
JOB#	Remediation or Abatement?	APPLICANTS NAME	Date of Final Lead Clearance Exam	INSP. DATE	UNIT PASSED (Y/N)	Comments (Please indicate if unit failed, and if so why)
Total # of units reported:					Total of file inspection:	
Total # of units visually inspected:					Total # of file failures:	
Inspection percentage:			#DIV/0!		Total file failures percentage: #DIV/0!	
Total # of Lead Evals for deferred units:				Total # of rework units:		
Notes:						

I, the DCA monitor, certify that the client files for the above listed units have been reviewed for eligibility and adheres to program guidance by me on the date indicated.

Signature of State Monitor: _____	Date: _____
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